



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00293

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County.....

Calvert

City or town.....

Willows

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

MAGIE Brown

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Dec 9, 1946

6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

1 1 16 hrs. min.

9. Birthplace..... Md. (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... Carl J. Brown

13. Birthplace..... Md.

14. Maiden name..... Nancy Brown

15. Birthplace..... Md.

16. Informant..... Carl J. Brown

Address..... Willows

17. Burial..... Date thereof..... 1-27-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Edmunds

Location..... Cal.

18. Funeral director..... P. E. Seavey II

Address..... Prince Frederick

19. Date rec'd by registrar..... 1-26 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Calvert

City or town..... Willows, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... 1-25

1948 at 7:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw him..... alive on.....

Immediate cause of death.....

Bronchitis pneumonia

DURATION

Due to..... Whooping Cough

?

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

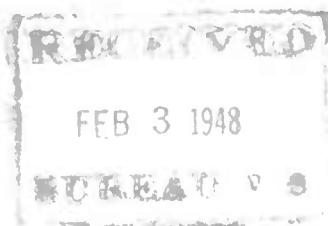
Means of injury.....

Injured at work?

23. SIGNATURE..... H. Ward

M. D. or other

Address..... Durig, Md. Date signed.....



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00294

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County.....

Calvert Hospital

City or town.....

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Rachel Nixon

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

C

X

6. (b) Name of husband or wife

Henry Nixon

7. Birth date of deceased (mo., day, yr.)

1892

6. (c) If alive, give age

7

years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Md.

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

John Henry Washington

MOTHER FATHER

12. Name

John Henry Washington

13. Birthplace

Md.

14. Maiden name

Susie Kent

15. Birthplace

Md.

16. Informant

Annie Jefferson

Address

Plum Point

17. Buried

Date thereof

1-28, 48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Carroll

Location

Calvert

18. Funeral director

P.E. Sewell

Address

Prince Frederick

19. (Date rec'd by registrar)

1-27 1948

N.W. Ward

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

1-25 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 10 19

and that I last saw h. alive on

19

Immediate cause of death

Exposure to cold  
due to hypotension  
while lying down

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County) (State)

Injured at home, farm, industry, public place (where?)

None

Means of injury

Cold weather

Injured at work?

23. SIGNATURE

H. M. Ward

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1866

00295

51

## CERTIFICATE OF DEATH

Reg. Dist. No.

## 1. PLACE OF DEATH:

County

Galveston

City or town

Prince Frederick, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

John Wesley Gross

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

C

Widowed

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

1876

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Calvert Co. Md.

Labor

10. Usual occupation

11. Industry or business

MOTHER

FATHER

John Gross

Calvert Co. Md.

14. Maiden name

Unknown

15. Birthplace

P. E. Seewell

Address

P. E. Seewell

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

1-31-48

(month) (day) (year)

Cemetery or crematory

St. Johns

Location

Lusby, Md.

18. Funeral director

P. E. Seewell

Address

Prince Frederick, Md.

19. (Date rec'd by registrar)

1-30 1948

W. W. Ward

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland, Calvert

County

City or town

Lusby

Street No.

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

January 29, 1948, 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10. 10. 10. 10.

and that I last saw him alive on

Immediate cause of death

Shock following  
prolapsed eye

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident Date of

Where did injury occur

Lusby, Calvert Co. State

Injured at home, farm, industry, public place (where?)

home

Means of injury

fall from a height

Injured at work?

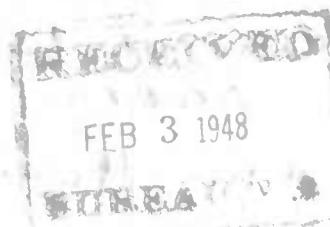
23. SIGNATURE

W. W. Ward  
Deputy Coroner

M. D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00296

94a

52

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  
 County CARVER COUNTY  
 City or town Prince Frederick, MD.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 36 HOURS  
 Hospital, institution, or street address where death occurred: CARVER COUNTY HOSPITAL  
 How long in hospital or institution? 86 HOURS

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)

State MD. County CARVER  
 City or town North Beach MD.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

## 3. (a) FULL NAME

MR. OREN HALL *Hall*

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed or divorced

6. (b) Name of husband or wife: \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) DECEMBER 1875

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace ANNE ARUNDEL COUNTY  
 (Town, county, and state)

10. Usual occupation Retired

## 11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Son - RUSSELL D. HALL

Address NORTH BEACH

17. Burial Date thereof Feb 2 48  
 (Burial, cremation, or removal. Which?) Burial (month) (day) (year)

Cemetery or crematory Mt. Harmony Cemetery

Location Mr. Quinns Rd.

18. Funeral director W. H. Hutchins

Address Quinns Rd.

19. Feb 1 48 Grace L. Hutchins  
 (Date rec'd by registrar) 19 Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30-1948 19 48 at 12 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

18... to 19... 19...

and that I last saw him alive on 18...

Immediate cause of death CORONARY OCCLUSIVE DURATION

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

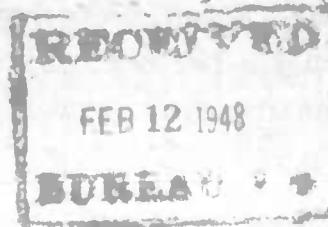
Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Grace L. Hutchins M. D. or other

Address Grace L. Hutchins Date signed 1/30/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If any item is especially important, Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00297

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....

City or town.....

Calvert  
Chaney

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

## 3. (a) FULL NAME

Annie L. Jacks.

4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced 

F

C

X

6. (b) Name of husband or wife.....

Elijah Jacks.

7. Birth date of deceased (mo., day, yr.) ..... June 8, 1906.

6. (c) If alive, give age 58 years

8. AGE: Years  41 Months  7 Days  4 If less than one day hrs. ..... min. ....

9. Birthplace ..... md. (Town, county, and state)

10. Usual occupation.....

Domestic

11. Industry or business.....

12. Name ..... Thomas J. Purcell

13. Birthplace ..... md.

14. Maiden name ..... Elizabeth Norris.

15. Birthplace ..... md.

16. Informant ..... Elijah Jacks

Address ..... Chaney, md.

17. Burial ..... Carroll's

(Burial, cremation, or removal. Which?) Date thereof ..... 1-15-48

Cemetery or crematory ..... Carroll's

Location ..... Calvert

18. Funeral director ..... P. E. Sennell

Address ..... Prince Frederick, md.

19. 1-14 1948 (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State ..... Maryland Couly ..... Calvert

City or town.....

Chaney

(If outside city or town limits, write RURAL and give nearest town)

Street No. ....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH ..... 1-15-48, at 6 P.M. 35

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw h. .... alive on 19..... to 19.....

Immediate cause of death.....

Pulmonary Tuberculosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

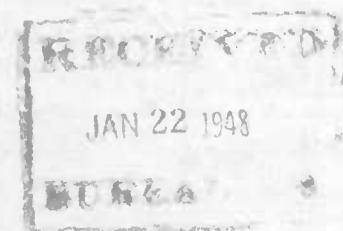
Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE

P. E. Sennell M. D. or other

Address ..... SA Leonard Date signed Jan 13/48



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00298

## CERTIFICATE OF DEATH

Reg. Dist. No. 50

## 1. PLACE OF DEATH:

County.....

Calvert

City or town.....

Oliver

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Walter Whitfield Joy

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

6. (b) Name of husband or wife.....

Gertrude Lusby Joy

7. Birth date of deceased (mo., day, yr.)

June 25 - 1875

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

11 less than one day

hrs. min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Painter

Shipyard

John Benedict Joy

11. Industry or business

Mother Father

John Benedict Joy

12. Name.....

Maryland

13. Birthplace.....

Henrietta Francis Parker

14. Maiden name.....

Virginia

15. Birthplace.....

Barnes Lusby

16. Informant.....

Oliver, Maryland

Address.....

Burial

17. (Burial, cremation, or removal, which?)

M. E. Church Cemetery

Cemetery or crematory.....

Oliver, Maryland

Location.....

a. a. Barkless Son

18. Funeral director.....

Mutual, Maryland

Address.....

Jan 17, 1948

D. E. S. Coster

19. (Date rec'd by registrar)

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland, County Calvert

City or town.....

Oliver

Street No.....

(If outside city or town limits, write RURAL and give nearest town)

2. (a) If veteran, name war.....

(If rural, give LOCATION)

## 3. (b) Social Security Number

219059840

## MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17, 1948, a.m. 3 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Jan 6 - 1948, to Jan 17, 1948

and that I last saw h. 1.70 - alive on Jan 16 - 1948

Immediate cause of death.....

Coronary Occlusion

Due to.....

Arteriosclerosis

Due to.....

Diabetes mellitus

Other conditions.....

5 yrs

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE: D. E. S. Coster

M. D. or other

Address: Solomon, Md. Date signed: Jan 17/48

RECORDED

JAN 27 1940

EDWARD V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00299

## CERTIFICATE OF DEATH

Reg. Dist. No. 50

## 1. PLACE OF DEATH:

County

Covert

City or town

Solomons

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Kenneth Wesley Saegley (Langley) (adopted) (child)

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec. 4 - 1941

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

Baltimore, Maryland

10. Usual occupation

School

11. Industry or business

12. Name

Anneton

13. Birthplace

Anneton

14. Maiden name

Annetta Delozier

15. Birthplace

Washington, D.C.?

16. Informant

Leon Saegley

Address

Solomons, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 6 - 48

Cemetery or crematory

Catholic Cemetery

Location

Solomons, Maryland

18. Funeral director

a. a. Starkness &amp; Son

Address

Baltimore, Maryland

19. (Date rec'd by registrar)

1/4 1948

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Covert

City or town

Solomons (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1948 at 8A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 1946 to Jan. 4 1948

and that I last saw him alive on Jan. 4 - 1948

Immediate cause of death

Leukemia - lymphatic

DURATION 16 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. S. Coster - M.D. M. D. or other

Solomons, Md. Date signed 1/4/48

RECORDED

JAN 8 1948

ST. L. P. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00300

938

Reg. Dist. No. 51

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH:

County

Calvert

City or town

Solomons

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

James A. Lewis

4. Sex

M W

Color or race

6. (a) Single, married, widowed, or divorced

M

## 6. (b) Name of husband or wife

Algira Lewis

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

Apr. 21, 1884

8. AGE:

Years 63

Months 8

Days 24

If less than one day hrs. min.

## 9. Birthplace

Mathews Co., Va.

(Town, county, and state)

## 10. Usual occupation

Retired (hom.)

## 11. Industry or business

Charles A. Lewis

MOTHER FATHER

12. Name

13. Birthplace

Va.

14. Maiden name

Ella Lewis

15. Birthplace

Va.

## 16. Informant

Charles A. Lewis Jr.

Address

Hudgins, Va.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 15, 1948

(month) (day) (year)

Cemetery or crematory

Mathews Baptist Cem.

## Location

Mathews Co., Va.

## 18. Funeral director

A. A. Harkness &amp; Son

Address

Mutual, Md.

## 19. (Date rec'd by registrar)

19.....

H. W. Ward

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Solomons

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war?

## 3. (b) Social Security Number

219-03-4858

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

January 15, 1948

1948

a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

19.....

19.....

and that I last saw him alive on

Immediate cause of death

Cerebral hemorrhage

DURATION

Due to

Hypertension C. &amp; L

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

R. de Villarreal B.

M. D. Father

St. Leonard

Date signed Jan 15, 1948

RECORDED

JAN 22 1948

BT READING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00301

83a

## CERTIFICATE OF DEATH

Reg. Dist. No. 52

## 1. PLACE OF DEATH:

County.....

Calvert

City or town.....

St. Beach, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

29 yrs

Hospital, institution, or street address where death occurred:.....

29 years

How long in hospital or institution?.....

## 3. (a) FULL NAME

Lily D Sammis

## 3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

widowed

6. (b) Name of husband or wife.....

Egbert C. Sammis

7. Birth date of

deceased (mo. day. yr.)

Aug 23, 1864

6. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

83

hrs.

min.

9. Birthplace.....

Ind

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

John Deaver

12. Name.....

Ind

13. Birthplace.....

Margaret Crisler

14. Maiden name.....

Ind.

15. Birthplace.....

16. Informant.....

Reva S. Darrell

Address

West Beach, Md.

17. Burial.....

Date thereof. Jan 10 48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Fort Lincoln Cemetery

Location.....

Calvert Manor, Md.

18. Funeral director.....

F. Daniels Sons

Address

Hyattsville, Md.

19. Date rec'd by registrar

Jan 8 1948

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Calvert

City or town.....

West Beach

Md

Street No.....

Lee Ave

and D st

2.(a) If veteran, name war.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

1/8

1948, af 11 30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1/8

1948, to

1948

and that I last saw her alive on

2/10/48

1948

Immediate cause of death.....

Cerebral accident

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Huntingtown

Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00302

## CERTIFICATE OF DEATH

Reg. Dist. No. 52

## 1. PLACE OF DEATH:

County

Balcoast

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 day

Hospital, Institution, or street address where death occurred:

Prince Frederick Hospital

How long in hospital or institution?

1 day

## 3. (a) FULL NAME

Roland Earl Wayson

4. Sex

m

5. Color or race

w

6. (a) Single, married, widowed, or divorced

Kathryn married

6. (b) Name of husband or wife

Roland P. Wayson

7. Birth date of deceased (mo., day, yr.)

June 2 1905

years

8. AGE:

42

Years

7

Months

18

Days

If less than one day

hrs.

min.

8. Birthplace

Towson 99-Co Med

(Town, county, and state)

10. Usual occupation

Fuel Oil Distributor

11. Industry or business

Fuel Oil

MOTHER FATHER

12. Name

Roland E. Wayson

13. Birthplace

Bristol Md

14. Maiden name

Ada Ward

15. Birthplace

Towson Md

16. Informant

Kathryn P. Wayson

Address

Towson Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

18. Cemetery or crematory

Friendship

Location

Friendship Md

18. Funeral director

T. A. Hayday &amp; Son

Address

Towson Md

19. Date rec'd by registrar

Jan 20 1948

(Date rec'd by registrar)

19 48

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

D.C.

City or town

Towson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

—

(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

1/20

19 48

at 12 30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 Jan 1948 to 19 48

and that I last saw him alive on 1/19

19 48

Immediate cause of death

Coronary arteriosclerosis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

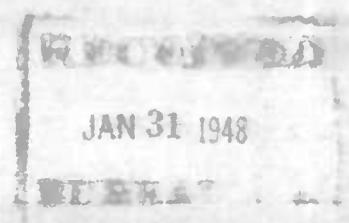
Address

Huntington

Date signed

1/24/48

13 1 20  
1948 1  
1905 6 2  
42 7 18



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00303

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

## 1. PLACE OF DEATH:

County

Calvert

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

25 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Samuel J. Young

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Bertha Ann Young

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

June 4, 1865

8. AGE:

Years

Months

Days

If less than one day

82 7

24

hrs.

min.

9. Birthplace.....

(Town, county, and state)

Farmer

10. Usual occupation.....

11. Industry or business

MOTHER FATHER

12. Name.....

Ira Young

13. Birthplace

Calvert Co., Md

14. Maiden name

Elizabeth Johnson

15. Birthplace

Calvert Co., Md

16. Informant.....

Violet Young

Address

Prince Frederick, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan. 31/1948

(month)

(day)

(year)

Cemetery or crematory

Aubury, N.E.

Location.....

Barstow, Md.

18. Funeral director.....

A. A. Harkness &amp; Son

Address

Mutual, Md

19. (Date rec'd by registrar)

1-31 1948

H. C. Ware

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

No

2.(a) If veteran, name war.....

## 3. (b) Social Security Number

No

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Jan. 28,

1948, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 28

1948, to

19.

and that I last saw h..... alive on

19.

Immediate cause of death.....

Uremia

due to acute nephritis [Hypertension]

Due to. — Generalized arterio-sclerosis

Due to. . . . .

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury

Injured at work?

23. SIGNATURE.

M. D. or other

Dr. J. L. Danner, M.D.

St. Leonard, Md. Date signed 1/25/48

